

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	94		4/12/00
O.I.P.E. CLASSIFIER		8	4-18-00
FORMALITY REVIEW		6417	6-12-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	6/19/01
2	6/19/01
3	6/19/01
4	6/19/01
5	6/19/01
6	6/19/01
7	6/19/01
8	6/19/01
9	6/19/01
10	6/19/01
11	6/19/01
12	6/19/01
13	6/19/01
14	6/19/01
15	6/19/01
16	6/19/01
17	6/19/01
18	6/19/01
19	6/19/01
20	N
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
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34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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